0869645.06

mstratton LAOO

Alison Lundergan Grimes Kentucky Secretary of State Received and Filed:

10/16/2013 7:42 AM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Articles of Or Limited Liabi	•		KLC
Pursuant to KRS 14A and KRS 2	1 275, the undersigne	d applies to qualify and for that p	ourpose submits the	following statements
Article I: The name of the limited	d liability company is	s		
Colossal Entertainmen	nt, L.L.C.			
Article II: The street address of	the limited liability c	omnany's initial registered office	in Kentucky is	Ď
4413 Newport Road, A		Louisville	KY	40218
Street Address Only (No Post Office E	•	City	State	Zip Code
and the name of the initial regist	ered agent at that o	ffice is Chauncey Monro	e Graves	
Article III: The mailing address of	_			40040
4413 Newport Road, A	Louisville	State	40218 Zip Code	
			State	Zip Code
Article IV: The limited liability co	mpany is to be mar	naged by (must check one):		
A. a manager(s).				
B. its member(s).				
Article V: This application will be	effective upon filin	g, unless a delayed effective da	e and/or time is pro	
date or the delayed effective dat	e cannot be prior to	the date the application is filed.	The date and/or tin	
				(Delayed effective date and/or time)
I/We declare under penalty of pe	eriury under the law	s of the state of Kentucky that th	e foregoing is true a	nd correct
Trive deciare direct perialty of pe	ajury under the law.	Chauncey Monroe		
Signature of Organizer		Printed Name & Title		Date
Signature of Organizer		Printed Name & Title		Date
, Chauncey Monroe G	raves	, consent to serve as the registered	d agant on babalf of the li	imited lightlity company
Print Name of Registered Agent				
Many Jam		Chauncey Monroe		5/13
Signature of Registered Agent		Printed Name	Date	
(01/12)				